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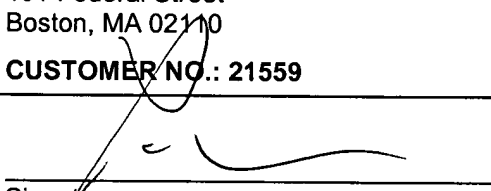
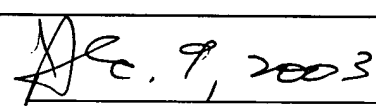
Guy Beardsley

Printed name of person mailing correspondence

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**UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)**

Attorney Docket Number	04843/116002
Applicant	Ole Isacson et al.
Title	DOPAMINERGIC NEURONS DIFFERENTIATED FROM EMBRYONIC CELLS FOR TREATING NEURODEGENERATIVE DISEASES
<b>PRIORITY INFORMATION:</b>	
This application claims the benefit of the filing date of United States provisional patent application 60/432,128, filed December 9, 2002.	
<b>SMALL ENTITY STATUS:</b>	
<input checked="" type="checkbox"/> Applicant claims small entity status under 37 C.F.R. § 1.27.	
<b>APPLICATION ELEMENTS:</b>	
Cover sheet	1 page
Specification	51 pages
Claims	7 pages
Abstract	1 page
Drawings	6 sheets
Combined Declaration and Power of Attorney, which is: <input checked="" type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application [ <b>**SERIAL NUMBER**</b> ] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	2 pages
Sequence Statement	[**] pages
Sequence Listing on Paper	[**] pages
Sequence Listing on Diskette	[**] disk
Preliminary Amendment	[**] pages
Information Disclosure Statement	[**] pages
Form PTO 1449	[**] pages
Cited References	[**] references

Recordation Form Cover Sheet and Assignment	[**] pages
English Translation	[**] pages
Certified Copy of Priority Document	[**] pages
Non-publication Request under 35 U.S.C. § 122(b).	[**] pages
Request for Deferral of Examination under 37 C.F.R. § 1.103(d)	[**] pages
A Small Entity Statement	[**] pages
Return Receipt Postcard	1
<b>FILING FEES:</b>	
Basic Filing Fee: \$385	\$385.00
Excess Claims Fee: 46-20 x \$9	\$234.00
Excess Independent Claims Fee: 3-3 x \$43	\$****
Multiple Dependent Claims Fee: \$290/\$145	\$****
Total Fees:	\$619.00
<input checked="" type="checkbox"/> Enclosed is a check for \$619.00 to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges or any credits to Deposit Account No. 03-2095.	
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